



EXHIBIT 1
DATE Jan 27, 09
HB 2

**Department of Public Health and Human Services
Presentation to the 2009 Health and Human Services
Joint Appropriations Subcommittee
Senior and Long Term Care Division**

Request DP 22223-Additional Funding for SLTC-HCBS

Included in the 2009 Governors Budget request is a decision package to provide additional funding for Senior and Long Term Care Home and Community Based Services (HCBS) programs.

This decision package provides \$2 million dollars of general fund directed at programs and services to rebalance the long-term care system by increasing the availability of home and community based services. Possible uses of these funds are for expansion of the home and community based services waiver to serve individuals on the waiting list for these services, increase direct care worker wages and provide improvements to the long-term care system through assessments, consolidated entry points and additional counseling for clients.

These funds would serve to augment the efforts currently underway in the Senior and Long Term Care Division to enhance and promote community-based alternatives such as; money follows the person transfers from nursing facilities to community placements, health care for health care workers funding to provide insurance to direct care workers, and aging and disability resource centers.

Some specifics on the uses of these funds to promote rebalancing efforts and to meet the intended uses for these funds are:

I. Expansion of the Home and Community Based Services Waiver by adding 178 new service slots beginning July 1, 2009, and sustaining those slots in the second year of the biennium. This will serve some of the 471 individuals currently on the list waiting to access these community-based services.

2010	Total	\$5,139,000	GF	\$1,670,689	Federal	\$3,468,311
2011	Total	\$5,139,000	GF	\$1,694,328	Federal	\$3,444,672

II. Funding for State Supplement Payments related to waiver expansion. Certain individuals using adult residential community alternatives are entitled to additional state supplement dollars to augment their social security income. State supplement is \$94 per month with an additional processing fee of \$10.55 in 2010 and \$10.95 in 2011 for approximately 10 individuals. State supplement is funded at 100% general fund.

2010	Total	\$12,546	GF	\$12,546	Federal	\$ 0
2010	Total	\$12,594	GF	\$12,594	Federal	\$ 0

III. Expansion of the Aging and Disabilities Resource Center model to other areas of the state to serve as consolidated Single Entry Points and provide Information/Counseling

Currently, there are three Aging and Disabilities Resource Centers (ADRC's) in Montana. They were developed through a grant from the Centers for Medicare and Medicaid (CMS) and the Administration on Aging (AoA). The overall goals of the ADRC model are to serve as a consolidated entry point to long term care services and streamline access to the system. One of the major projects completed under the grant was to develop a web based application system for all the major DPHHS long term care applications (including Medicaid, Food Stamps, LIEAP, Big Sky Rx, CHIP, Aging and Vocational Rehabilitation applications). The system can save application data and pre-populate successive applications with stored information, thus, streamlining the application process for consumers.

The first ADRC was developed in 2003 in Yellowstone County through the Yellowstone County Council on Aging. In 2006 the remaining 10 counties and 2 Native American Reservations in the Area II Agency on Aging (located in Roundup) and Area XI Agency on Aging (which services Missoula and Ravalli counties) were added. These ADRCs provide information, education and assistance to elders, people with physical disabilities and their family or caregivers regarding various public benefits and long term care services available to them.

We would propose that some of the funding be used to expand the ADRC model into at least three geographic areas: Area VI in Polson, Area VIII in Great Falls and Area X in Havre. With this expansion, the ADRC model would cover 46% of the state's 65 and over population. With any additional funding, we could add either Area IV in Helena or Area IX in Kalispell. While the current ADRC's are operated by Area Agencies this funding could also be provided to other organizations in these geographic areas to further expand this consolidated entry point approach. The Division will be looking for outcome measures as to how individuals are better served with this model, how many individuals have been impacted and how the funds were used to meet the single entry point effort.

To make our consolidated entry point model more effective, we propose to develop and strengthen the coordination between our ADRCs and the Independent Living Centers (ILCs) in each of these ADRC areas. This will enhance the information and education regarding long-term care services for the people with disabilities and elderly clients served by ILC's and Area Agencies.

Another area of focus would be outreach. We need to ensure that people are aware of the availability of services through our consolidated entry point model. We would provide educational materials, including advertising, related to the information and assistance available through the ADRC's, as well as, information on long-term care alternatives available in Montana.

ADRC BUDGET ESTIMATES

Expansion estimates based on 65+ populations in each area and a start up funding of \$20,000

Area 6 expansion -	\$ 87,576
Area 8 expansion -	\$138,858
Area 10 expansion -	\$ 33,566
3 ILCs - \$5,000 each =	\$ 15,000
Outreach -	\$ 25,000
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	\$300,000 General Fund

2010	Total	\$300,000	GF	\$300,000	Federal	\$0
2011	Total	\$300,000	GF	\$300,000	Federal	\$0

IV. Focused Counseling

Increased counseling, at the point that the level of care screen is completed as a prerequisite to accessing Medicaid funded nursing facility or waiver services, would be added to discuss community alternatives and educate consumers on alternatives available. The Mountain Pacific Quality Health Foundation that performs the level of care screening under a contract with the Division for individuals accessing these services would add an additional call to families to provide education and information on community alternatives and assess the interest in these alternatives in the future.

Estimated cost of one additional 15-minute phone call for approximately 3,774 individuals being assessed for level of care annually is \$53,300. This is through a current contract and would be reimbursed at the match rate of 75/25. The Division will request reporting on the number of individuals that are receiving benefits from this additional counseling and what impact it has had on these individuals relative to their access to long term care services.

2010	Total Cost	\$53,300	GF	\$13,325	Federal	\$39,975
2011	Total Cost	\$53,300	GF	\$13,325	Federal	\$39,975

V. Informational brochures and targeted education. The Division would develop informational brochures that discuss long-term care options available for consumers and distribute that material through Offices of Public Assistance, Aging Disability Resource Centers, and the Division web site. Additionally we would use television and media, such as, Aging Horizons television show and other public venues to educate and inform individuals about service options and how to access those options. Cost of developing and printing this material and providing outreach is estimated at approximately \$5,000 per year.

2010	Total Cost	\$5,000	GF	\$2,500	Federal	\$2,500
2011	Total Cost	\$5,000	GF	\$2,500	Federal	\$2,500